

§683A Letter

Date: \_\_\_\_\_

Judge: \_\_\_\_\_

Re: Information Letter  
Suggestion of Need for Guardianship  
Need for Investigation of Circumstances

Dear Judge: \_\_\_\_\_

My name is: \_\_\_\_\_  
(Print Name)

I request that the Court conduct an investigation as to the possible need for the appointment for a guardian for the following person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

County of Residence: \_\_\_\_\_

I am bringing this to your attention as:

- ☐ a friend
- ☐ a family member (relationship)
- ☐ a social worker in a: \_\_\_\_ hospital \_\_\_\_ nursing facility: \_\_\_\_ governmental facility
- ☐ a nurse practitioner in a: \_\_\_\_ hospital \_\_\_\_ nursing facility \_\_\_\_ governmental facility
- ☐ a director of nurses or their assistant in a \_\_\_\_ hospital \_\_\_\_ nursing facility governmental facility
- ☐ a facility administrator in a \_\_\_\_ hospital \_\_\_\_ nursing facility \_\_\_\_ governmental facility
- ☐ an ombudsman in a: \_\_\_\_ hospital \_\_\_\_ nursing facility \_\_\_\_ governmental facility
- ☐ an advocate
- ☐ an interested person
- ☐ a doctor

This person is currently located in a: (Address or Name)

<input type="checkbox"/>	private residence	_____
<input type="checkbox"/>	nursing facility	_____
<input type="checkbox"/>	hospital	_____
<input type="checkbox"/>	other	_____

This person has the following relatives: (If you do not have knowledge of such relatives, you can leave this section blank.) (The names of those persons, if any, who might be willing to serve as guardian, are circled). Attach additional sheets as needed.

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
_____	_____
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
_____	_____
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
_____	_____

The following persons are **non-family members** who might be willing to serve as guardian. (If you do not have knowledge of such non-family members, you can leave this section blank). Attach additional sheets as needed.

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
_____	_____

To my knowledge, this person ☐ is ☐ is not a resident of this County  
☐ is ☐ is not located in this County  
☐ has ☐ has not executed a Power of Attorney to anyone  
☐ does ☐ does not have a guardian in Texas  
(a parent is the natural Guardian of a child under 18)

If you believe this person has executed Power of Attorney, to whom was it given?

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_

In my opinion this person is: an adult individual who, because of a ☐ physical or ☐ mental condition, is substantially unable to: (check one or more, as applicable)

- ☐ provide food or clothing, or shelter for himself or herself,
- ☐ care for the individual's own physical health,
- ☐ manage the individual's own financial affairs; or
- ☐ this person is a minor.

The nature and degree of the person's alleged incapacity or other facts that indicate the possible need for a guardian are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is true and correct to the best of my knowledge.

Sincerely yours,

Printed name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_